City of Lawson PO Box 185 Lawson, MO 64062
EQUAL OPPORTUNITY EMPLOYER



Employment Application

		Applicant Ir	ntorma	ition				
Full Name:					Date:			
Address:	Last	First			M.I.			
Addiess.	Street Address					Apartment/Unit #	:	
	City				State	ZIP Code		
Phone:		E	mail					
Date Available: Social Security No.:				Desired Salary:				
Position App	olied for:							
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO								
Have you ever worked for this company?								
Have you ev	ver been convicted of							
If yes, explain:								
		Educa	ation					
High School	l:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma::			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:			YES	NO	Degree:			
		Refere	nces					
Please list	three professional re	ferences (Not Related)						
Full Name:					Company::			
Address:				F	Phone:			
Full Name:					Company:			
Address:				F	Phone:			
Full Name:				(Company:			
Address:					Phone:			

	Previous Employment			
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary:	Ending Salary:\$		
Responsibilities:				
From: To:	Reason for Leaving	g:		
May we contact your previous supervisor	YES NO r for a reference?			
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary:	Ending Salary:\$		
Responsibilities:				
From: To:	Reason for Leaving	g:		
May we contact your previous supervisor	YES NO r for a reference?			
Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>		
Responsibilities:				
From: To:	Reason for Leaving YES NO	g:		
May we contact your previous supervisor				
	Military Service			
Branch:	Fron	m: To:		
Rank at Discharge:	Type of Discharge	Type of Discharge:		
If other than honorable, explain:				
	Disclaimer and Signature			
I certify that my answers are true and c	complete to the best of my knowledge.			
If this application leads to employment, interview may result in my release.	I understand that false or misleading	information in my application or		
I authorize investigation of all statement any and all information concerning my personal or otherwise, and release the information	previous employment and any pertine	ent information they may have,		
I also understand and agree that no rep for employment for any specified period in writing and signed by an authorized	d of time, or to make any agreement o			
This waiver does not permit the release by the Americans with Disabilities Act (
Signature:		Date:		